



Court Alcohol and Drug Program

GRANT PROGRAM

EXPENSE DOCUMENTATION FORM

(To be submitted with original receipts for reimbursement after grant has been completed.)

Item	Date	Expense	Amount

Total Expense _____

I have examined the preceding information and attached documents. I certify that these expenses were actually incurred in support of the grant program approved by the Indiana Judicial Center for our Court Alcohol and Drug Program.

A&D Program

Program Director Signature

The reimbursement payment will be issued to the County Auditor's office or as per direct deposit instructions.

Please complete and enclose the following information:

Completed W-9 form (must be submitted with each grant request) and Automated Direct Deposit Authorization Agreement, if not on file with the State of Indiana Auditors office.

(Forms are available on the IJC website; www.in.gov/judiciary/center/cadp under Grant)

The check or direct deposit will be made to information provided on W-9 & Authorization Agreement.

A confirmation of payment will be sent to the Program Director by email or mail.

IJC

Amount approved for payment: _____ IJC Signature _____

Date _____

National City Center – South Tower, Suite 1075
115 West Washington Street, Indianapolis, Indiana 46204-3424
Telephone: (317) 232-1313 * Fax: (317) 233-3367